MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/574422

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ª AMENDMENT		AFTER 2ª AMENDMENT			AS FILED		AFTER 1ª AMENDMENT		AFTER 2ª AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	⇩		⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	34	⇦		⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	35						TOTAL CLAIMS						